STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
OFFICE OF THE HEALTH INSURANCE COMMISSIONER
233 RICHMOND STREET
PROVIDENCE, RHODE ISLAND 02903

AMENDMENTS TO ORDERS OHIC-2007-4 and OHIC-2007-5

Orders OHIC-2007-4 and OHIC-2007-5 issued by this Office on April 2, 2007 are amended as follows:

1. The Plan Design Document for UnitedHealthcare of New England, Inc. (UHCNE) attached hereto as Exhibit 1 replaces the Plan Design Document attached to OHIC-2007-4 as Exhibit 4.

2. The Plan Design Document for Blue Cross & Blue Shield of Rhode Island (BCBSRI) attached hereto as Exhibit 2 replaces the Plan Design Document attached to OHIC-2007-5 as Exhibit 4.

3. The "Requirements for Advantage-Level Benefits" document attached hereto as Exhibit 3 replaces the "Requirements for Advantage-Level Benefits" document attached to OHIC-2007-4 and OHIC-2007-5 as Exhibit 2.

4. The average annualized premium set out in OHIC-2007-4 for UHCNE is amended to an October base rate of $310, which will increase monthly based on a three percent annualized trend factor. Benefits will be subject to change upon renewal.

5. The average annualized premium set out in OHIC-2007-5 for BCBSRI is amended to October base rate of $320.69, which will increase monthly based on a three percent annualized trend factor. Benefits will be subject to change upon renewal.

6. The text of both OHIC-2007-4 and OHIC-2007-5 is amended as follows:

    a. The "wellness requirements" set out on Page 6 are amended by replacing the sentences that state: "For a participant to be eligible for the Advantage plan design, the participant must comply with specified wellness requirements.

These requirements include:" with the following: "For a participant to be eligible for the Advantage plan design, the participant must comply with specified wellness requirements. For adults aged 18 and over, these requirements include:".

b. The following sentence is added immediately after the fifth bullet on Page 6: "Participants between the ages of 12 and 18 will be required to select a PCP, have an annual exam with their PCP, submit a completed PCP Checklist, and participate in disease management and/or high cost case management programs when identified by the insurer."

c. The first bullet on Page 7 is amended by deleting the first sentence that states "The same rules would apply for children as apply to adults."

d. Section 3 on page 11 entitled "Marketing Commitment" is replaced with:

Marketing Commitment: The insurers shall actively market the WHBP in accordance with R.I. Gen. Laws Section 27-50-7(b), and similar to recently launched new products. The insurers shall provide the OHIC with a copy of the initial marketing plan for the WHBP on or before June 1st,and an advance copy of the initial marketing materials to be used in marketing the WHBP on or before August 1st.

7. Section 6 on page 12 of OHIC-2007-4 entitled "Branding / Product Name" is amended as follows:

"Branding / Product Name: The insurers shall be free to name the WHBP in accordance with its standard product naming process and conventions. The insurers shall include a logo and "tag-line", to be defined by the OHIC in regulation, in the marketing materials and advertisements utilized in promoting the WHBP. Either the tagline or the logo shall appear on the health plan ID cards for the WHBP. "

UHC will insert a WHBP logo and/or tagline on the ID cards issued for WHBP recipients. The exact layout and location on the ID card will be determined based on required legal language and format specifications.

10. Section 6 on page 12 of OHIC-2007-5 entitled "Branding / Product Name" is amended as follows:

Branding / Product Name: The insurers shall be free to name the WHBP in accordance with its standard product naming process and conventions. The insurers shall include a logo and "tag-line", to be

defined by the OHIC in regulation, in the marketing materials and advertisements utilized in promoting the WHBP. Either the tagline or the logo shall appear on the health plan ID cards for the WHBP."

ENTERED AS AN ADMINISTRATIVE ORDER OF OFFICE OF THE HEALTH INSURANCE COMMISSIONER THIS 21th DAY OF JUNE, 2007.

Christopher F. Koller, Commissioner

THIS DECISION CONSTITUTES A FINAL DECISION OF THE OFFICE OF THE HEALTH INSURANCE COMMISSIONER. AS SUCH, THIS DECISION MAY BE APPEALED TO THE SUPERIOR COURT SITTING IN AND FOR THE COUNTY OF PROVIDENCE WITHIN THIRTY (30) DAYS OF THE DATE OF THIS ORDER. SUCH APPEAL, IF TAKEN, MAY BE COMPLETED BY FILING A PETITION FOR REVIEW IN SAID COURT.

Exhibit 1: Plan Design Document for UHCNE

	Final Approved Plan Design (Revised)	
	Advantage Plan	*Basic Plan*
Calendar Year Medical Deductible		
Single	$750	**$5,000**
Family	$1,500	**$10,000**
Annual Out-of-Pocket Maximum		
Including medical deductibles?	No	No
Single	**$2,000**	**$5,000**
Family	**$4,000**	**$10,000**
Lifetime Benefit Maximum	**unlimited**	$1,000,000 per participant
Primary Care Physician Office Visit	deductible does not apply	
Annual Physical (AMA Guidelines, by age)	copay waived	
Office Visit	$10	$30
Preventive Immunizations	100% coverage	100% coverage
Specialist Office Visit	deductible does not apply	
(includes allergists and dermatologists)	$50 copay	$60 copay
Inpatient Facility Services	90% after deductible	80% after deductible
Outpatient Facility Services	90% after deductible	80% after deductible
Emergency Room and Urgent Care Services		
Physician's Office	$10 copay	$30 copay
Hospital Emergency Room	$200 copay *(waived if admitted)*	$200 copay *(waived if admitted)*
Urgent Care Facility or Outpatient Facility	*$100 copay (waived if admitted)*	$100 copay *(waived if admitted)*
Ambulance	80% coverage	60% coverage
Mental Health and Substance Abuse		
Inpatient	90% after deductible	80% after deductible
Outpatient	$50 copay	$60 copay
Lab		
Mammogram, Pap smear and PSA test	100% coverage, deductible does not apply	80% after deductible
All other	90% after deductible	70% after deductible
Diagnostic Imaging and Machine Tests	**90% after deductible**	70% after deductible
Radiation Therapy		
Inpatient	90% after deductible	70% after deductible
Outpatient	90% after deductible	70% after deductible
Outpatient Short-Term Rehab Therapy	$50 copay	$60 copay
Physical Therapy *(20 visits/calendar year)*	*Combined 20 visit limit per calendar year PT/OT/ST combined*	
Occupational Therapy *(20 visits/calendar year)*		
Speech Therapy *(20 visits/calendar year)*		
Pulmonary Rehab *(20 visits/calendar year)*	$50 copay	$60 copay
Cardiac Rehab *(20 visits/calendar year)*	$50 copay	$60 copay
Maternity Care Services *(includes pre-natal, delivery, and postpartum)*	90% after deductible	80% after deductible

Exhibit 1: Plan Design Document for UHCNE

	Final Approved Plan Design (Revised)	
	Advantage Plan	*Basic Plan*
Chiropractic Care	Not covered	Not covered
Infertility Services *(Age limit: 25-40; $100,000 lifetime maximum)*	80% after deductible	80% after deductible
Dental Care: *1 exam + 1 cleaning per calendar year*	Not covered	Not covered
Vision Care	Not covered	Not covered
Skilled Nursing Facility *(100 day annual maximum)*	90% after deductible	70% after deductible
Home Health Care *(non custodial) (60 day annual max)*	90% after deductible	70% after deductible
Hospice Care	90% after deductible	70% after deductible
Organ Transplant	90% coverage	80% after deductible
Medical Equipment, Medical Supplies and Prosthetic Devices		
Inpatient	90% after deductible	70% after deductible
Outpatient	80% after deductible	60% after deductible
Hearing Aid Services: *(max benefit of $400 per ear, per 3 year period per member)*	80% after deductible	60% after deductible
Diabetic equipment and supplies provided by a licensed medical supply provider (other than a pharmacist)	80% after deductible	60% after deductible
Calendar Year Pharmacy Deductible		
Single	**$0**	**$250**
Family	**$0**	**$500**
Prescription Drugs		
Retail (30 day supply)		
Tier 1	$10	
Tier 2	$40	
Tier 3	$75	
Mail Order (90 day supply)		
Tier 1	$20	
Tier 2	$80	
Tier 3	$150	

Exhibit 2: Plan Design Document for BCBSRI

	Final Approved Plan Design (Revised)	
	Advantage Plan	*Basic Plan*
Calendar Year Medical Deductible		
Single	$750	**$5,000**
Family	$1,500	**$10,000**
Annual Out-of-Pocket Maximum		
Including medical deductibles?	No	No
Single	**$2,000**	$5,000
Family	**$4,000**	$10,000
Lifetime Benefit Maximum	unlimited	$1,000,000 per participant
Primary Care Physician Office Visit	deductible does not apply	
Annual Physical (AMA Guidelines, by age)	copay waived	
Office Visit	**$10 copay**	$30 copay
Preventive Immunizations	100% coverage	100% coverage
Specialist Office Visit	deductible does not apply	
(includes allergists and dermatologists)	$50 copay	$60 copay
Inpatient Facility Services	90% after deductible	80% after deductible
Outpatient Facility Services	90% after deductible	80% after deductible
Emergency Room and Urgent Care Services		
Physician's Office	**$10 copay**	$30 copay
Hospital Emergency Room	$200 copay *(waived if admitted)*	$200 copay *(waived if admitted)*
Urgent Care Facility or Outpatient Facility	**$100 copay** ***(waived if admitted)***	**$100 copay** ***(waived if admitted)***
Ambulance	80% coverage	80% coverage
Mental Health and Substance Abuse		
Inpatient	90% after deductible	80% after deductible
Outpatient	$50 copay	$60 copay
Lab		
Mammogram, Pap smear and PSA test	100% coverage, deductible does not apply	80% after deductible
All other	90% after deductible	80% after deductible
Diagnostic Imaging and Machine Tests	**90% after deductible**	80% after deductible
Radiation Therapy		
Inpatient	90% after deductible	80% after deductible
Outpatient	90% after deductible	80% after deductible
Outpatient Short term Rehab Therapy	$50 copay	$60 copay
Physical Therapy *(20 visits/calendar year)*	*Combined 20 visit limit per calendar year PT/OT/ST combined*	
Occupational Therapy *(20 visits/calendar year)*		
Speech Therapy *(20 visits/calendar year)*		
Pulmonary Rehab *(20 visits/calendar year)*	$50 copay	$60 copay
Cardiac Rehab *(20 visits/calendar year)*	$50 copay	$60 copay

Exhibit 2: Plan Design Document for BCBSRI

	Final Approved Plan Design (Revised)	
	Advantage Plan	*Basic Plan*
Maternity Care Services *(includes pre-natal, delivery, and postpartum)*	90% after deductible	80% after deductible
Chiropractic Care	Not covered	Not covered
Infertility Services *(Age limit: 25-40; $100,000 lifetime maximum)*	80% after deductible	80% after deductible
Dental Care: *1 exam + 1 cleaning per calendar year*	not covered -- riders available	not covered -- riders available
Vision Care	No coverage for annual vision exam/hardware $50 copay for medically necessary treatment	No coverage for annual vision exam/hardware $60 copay for medically necessary treatment
Skilled Nursing Facility *(100 day annual maximum)*	90% after deductible	70% after deductible
Home Health Care *(non custodial) (60 day annual max)*	90% after deductible, 60 visit annual max	70% after deductible, 60 visit annual max
Hospice Care	100% coverage deductible does not apply	70% after deductible
Organ Transplant	90% coverage	80% after deductible
Medical Equipment, Medical Supplies and Prosthetic Devices		
Inpatient	90% after deductible	70% after deductible
Outpatient	90% after deductible	70% after deductible
Hearing Aid Services: *(max benefit of $400 per ear, per 3 year period per member)*	90% after deductible, limited to max benefit of $700 per year, per 3 year period over age 19. $1,500 per ear, per 3 year period per member under age 19	70% after deductible, limited to max benefit of $700 per year, per 3 year period over age 19. $1,500 per ear, per 3 year period per member under age 19
Diabetic equipment and supplies provided by a licensed medical supply provider (other than a pharmacist)	90% after deductible	70% after deductible
Calendar Year Pharmacy Deductible		
Single	**$0**	**$250**
Family	**$0**	**$500**
Prescription Drugs		
Retail (30 day supply)		
Tier 1	$10	
Tier 2	$40	
Tier 3	$75	
Tier 4	$75	
Mail Order (90 day supply)		
Tier 1	$20	
Tier 2	$80	
Tier 3	$150	

Exhibit 3: Requirements for Advantage-Level Benefits

Compliance Standards for Advantage Level Benefits (For Adult Participants***)

WELLNESS FEATURES	TO RECEIVE ADVANTAGE LEVEL BENEFITS IN YEAR 1	TO MAINTAIN ADVANTAGE LEVEL BENEFITS IN YEAR 2
Selection of Primary Care Physician (PCP)*	Participants must select a PCP	Participants must select a PCP
Completion of Health Risk Appraisal (HRA)*	Participants must complete an annual HRA	Participants must complete an annual HRA
Participation in Smoking Cessation Program, Weight Loss/Weight Management Programs	Participants must "pledge" to participate in wellness programs. This pledge will apply to all participants, regardless of their status as smokers or BMI. • A smoker must pledge to participate in smoking cessation program. A nonsmoker must pledge that if he/she starts smoking he/she will participate in a smoking cessation program. • A similar requirement will be set for weight loss. Participants can enroll in smoking and weight loss programs. They will be included as a benefit.	Participants must confirm participation in wellness programs. • A smoker must confirm participation in a smoking cessation program. A nonsmoker must pledge that if he/she starts smoking he/she will participate in a smoking cessation program. • A similar requirement will be set for weight loss. Participants can enroll in smoking and weight loss programs. They will be included as a benefit.
Participation in disease management and/or high cost case management program, when identified by carrier**	Participants must "pledge" to participate in disease management programs and/or high cost case management programs when contacted by the insurance carrier	Participants must "pledge" to participate in disease management programs and/or high cost case management programs when contacted by the insurance carrier. Participants who had been identified by the carrier for disease management and/or high cost case management programs during year 1 must have met participation standards established by the carrier.

* Initial enrollment period requirements.

** Participants who are identified for disease management or large case management must participate to maintain eligibility in the Wellness Advantage compliant level of benefits.

*** Participants between the ages of 12 and 18 will be required to select a PCP, have an annual exam with their PCP, submit a completed PCP Checklist , and participate in disease management and/or high cost case management programs when identified by the insurer.